

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000071998**

1. Corporation Name

SPIRALS CAFE, INC.

Principal Place of Business

1361 CORAL WAY
MIAMI FL 33145

Mailing Address

1361 CORAL WAY
MIAMI FL 33145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1997

5. FEI Number

65-0775668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SUAREZ, ZUNILDA	1361 CORAL WAY	MIAMI FL 33145
			1000005169891--7 -03/26/02--01053--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SANTIAGO EXPOSITO
5505 NW 7 ST W-316
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

ZUNILDA SUAREZ

Street Address (P.O. Box Number is Not Acceptable)

1361 CORAL WAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

03-02-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
02 MAR -8 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/28/01 90228 03 15.00

CR2040 (8/01)